

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>14781854</i>	FILING DATE <i>12-12-01</i>
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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3		i				
4		i				
5		i				
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48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	3					
TOTAL CLAIMS	9					

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TOTAL CLAIMS								